

**Child Record Form**

Center Name:

Date Review Completed:

Center Address:

Classroom Name/Age:

Caregiver Name(s):

Please follow the attached instructions when completing this form. Complete one form for each class/group in the center. List all children enrolled in the class/group, including part-time children. In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will review this completed form as part of your Announced Inspection.

	1. Child's First Name	2. Child's Last Name	3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Adminssion Form, including child's full name; DOB; parents' name & contact information; names of authorized pick-up people (other than parents); name & phone # of emergency contact (if available); emergency medical transportation and treatment releases	5. Completed Health Assessment, reviewed, initialed by parent yearly	6. Completed Transportation Permission Form, if the center transports children
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						

Utah Department of Health, Bureau of Child Care Licensing  
**Child Record Form**

18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						